	IIILEXIX	ITLE XIX REPORT OF EXPENDITURES					
(BY CATEGORY OF SERVICE)							
	(1150	AL YTD TOTALS AS OF 01,	31/07)				
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL			
	SERVED	CLAIMS	SERVICE	PAYMENT			
INPATIENT	68,522	44,403	259,816	\$193,378,772.66			
OUTPATIENT	266,495	536,003	11,013,336	\$98,488,480.42			
CHILD PART HOSP	2	0	0	\$483.02-			
CHILD DAY TREATMENT	0	0	0	\$0.00			
ADULT PART HOSP	0	0	0	\$0.00			
ADULT DAY TREATMENT	1	2	46	\$709.32			
SKILLED NURSING FACILITY	2,803	5,255	64,020	\$10,973,343.49			
INTERMEDIATE CARE FACILITY	17,346	95,859	2,764,771	\$254,103,198.94			
INTER CARE MENTAL RETARDA	2,280	15,378	454,680	\$147,305,600.25			
NURSING FAC FOR MENTAL ILL	45	225	6,628	\$1,562,576.03			
HOME HEALTH	24,139	91,142	1,552,640	\$54,501,300.87			
LEAD INSPECTION AGENCY	65	71	72	\$29,084.50			
PHYSICIAN	271,644	1,630,561	2,361,953	\$141,792,252.89			

170,924

0

99,177

4,659

23,998

20,477

14.878

6,648

67,025

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0

2,440,970

1.966.024

108.260

34,206

871,116

96.636

228,606

185,818

19,083

5,132

11,001

184,606

84,266

99.768

37,481

5,334

10,471

33,636

14,491

112,231

132,165

2,071

413

2

157,885

161,454

139,949

423,108

20,056

11,930

67,512

108,111

34,204

871,081

96,636

168.737

23,350

198,463

186,944

89,385

128,783

46,508

140,881

279,005

40,630

408,268

43,306

24,696

4,179,840

2,426,862

2

10,950,348

1,277,917

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1,527,911

2,179,740

1.966.024

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64,183

82,107

1.315

3,474

2,765

1,143

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0

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233,684

26,105

323,773

68.859

6,623

7,254

46,382

42,815

3,465

1,596

105,950

58,114

22.807

17,110

696

804

8,253

2,491

9,829

9,961

293

48

774

166,547

13,751

9

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 01/27/07

\$19,243,092,26

\$2,838,120.46

\$1,354,380.99

\$22,146,245.01

\$2,253,911.84

\$7,070,762,78

\$133,592,059.76

\$4,693,267.14

\$57,345,694.07

\$8,485,523,73

\$5,306,006.01

\$1,742,040.08

\$4.265.645.37

\$24,072,976.84

\$8,769,188.71

\$4,872,631.83

\$1,037,354.82

\$12,846,964,79

\$25,544,705.02

\$4,656,733.89

\$3,119,407,32

\$1,291,680.44

\$1,783,851.77

\$7,274,250,21

\$1,280,279.51

\$3,138,661.94

\$1,205,902.73

\$27,735,207,42

\$252,321.35

\$151,156,223.86

\$5,014.25

\$248,930.52

\$0.00

\$0.00

\$3.51-

\$758.32-

\$3,368.77

1

IAMM2200-R003 (MR-0-12)

AS OF 01/31/07

CLINIC SERVICES

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN EPSDT SCREENING

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

IOWA PLAN PROGRAM

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

IAN	M22	00-F	1003	(MR-O-12)
AS	OF	01/3	1/07	

* ALL CATEGORIES *

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 01/27/07

TOTAL PAYMENT \$10,746,907.46

\$18,067,203.13

\$1,480,921,360.13

\$659,230.47-

\$0.00

PAGE 2

TITLE XIX REPORT OF EXPENDITURES

72,125

0

47,621,176

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 01/31/07)

69,417

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>,0∪1,632 *** END OF REPORT *** 9,601,632

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
ILL & HANDICAPPED WAIVER SVCS	2,552	21,743	691,563
COUNTY OFFICE REIMBURSEMENT	0	0	0

11,274

2,341

431,293